

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

AGENCY NAME: \_\_\_\_\_

I hereby authorize the above named agency to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my ☐ Checking - ☐ Savings account indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

DEPOSITORY

NAME \_\_\_\_\_  
CITY \_\_\_\_\_  
ACCOUNT NO. \_\_\_\_\_

BRANCH \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TRANSIT/MICR NO. \_\_\_\_\_

This authority shall remain in full force and effect until the Agency has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the AGENCY and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
EMPLOYEE PRINT NAME

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
EMPLOYEE SOCIAL SECURITY NUMBER

PLEASE CIRCLE:      A - ADD      C - CHANGE      D - DELETE

ATTACH VOIDED BLANK CHECK OR COPY OF CHECK

JANE DOE 1000 MAIN STREET ANYWHERE, U. S. A. 10001		19 _____
PAY TO ORDER OF _____		\$ _____
		DOLLARS
MEMO _____		

\_\_\_\_\_  
TRANSIT NO.